	-	URI			SION OF HEALTH - STANDARD CERTIFICATE OF DEATH -62-001935		
ARTMENT OF PUBLIC HEALTH AND WELFARE Primary Registration District No. / 0 2 Registrar's No. 301 STATE FILE NUMBER AMENDED FR. 6 1069							
	<u>.</u>				1. PLACE OF DEATH a. COUNTY JACKSON 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE KANSAS b. COUNTY JOHNSON edmission)		
	TE AMENDED			_	b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY C. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST T.IIKE'S HOSPITAT Yes X No C. CITY OR TOWN BRAIRIEDVPLLAGE Inside Limits d. STREET ADDRESS 771 TINT DER DRIVE Yes No Ves X No		
-	DATE		-	=	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print)		
- - - -				-14	STANFORD E PARMLEY DEATH JANUARY 15 1962 5. SEX 6. COLOR OR RACE 7. Married 1 Never Married 1		
OLLOWS					ESTIMATOR CONSTRUCTION CO. JOPLIN. MISSOURI / / / S. A. 136. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF MUSBAND/OF WIFE		
E AS FOI				1:	FRANK PARMLEY EMMA ELDER M. PEARL PARMLEY 5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT M. PEARL PARMLEY PRAIRIE VILLAGE M. PEARL PARMLEY PRAIRIE VILLAGE		
RD ARE	P		DOCUMENT	. — !	18. CAUSE OF DEATH (Enter only one cause per line to PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Trediation to the control of the cause per line to Characteristics of the cause per line to Chara		
EC.	INSTEAD (DOCI		Conditions, if any, which gave rise to above cause (a), stating the under-lying cause last. DUE TO (b) Post operative English - Fastisty 3-unes. DUE TO (c)		
TS ON				CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female there a pregnancy in last 90 cm.		
AMENDMENTS			i	CERTIFI	19. WAS AUTOPSY 20s. ACCIDENT SUICIDE HOMICIDE PERFORMED? YES NO		
				MESICAL	20c. TIME OF Hour Month, Day, Year INJURY OF Hour a.m. p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE		
	φ			enoi t	WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK		
	SHOULD READ			W. B	Death occurred at		
	왕		AVIT OF	tor	38. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State)		
	ITEM NO.		BY AFFIDA	He	BURIAL Specify JAN 17,1962 JOHNSON COUNTY MEM GARDENS JOHNSON COUNTY, KANS. 4. FUNERAL DIRECTOR 1 331 BRUSH CR. 25. DATE RECD. BY LOCAL REG. 26. REGISTRATURE 25. DATE RECD. BY LOCAL REG. 26. REGISTRATURE 26. REGISTRATURE 27. 0.2		
I	-	11,	"		(Licensed Embalmer's Statement on Reverse Side)		

STATEMENT BY LICENSED EMBALMER

•	•	
	I hereby certify that the body whose name is recorded on	the reverse side of this certificate was embalmed by me
S. Amy. 1		Charles Carladana Na
م المنافعة	or by.	, Student Embalmer No
* Audition	working under my personal supervision.	
	working under my personal supervision.	$\mathcal{D}\mathcal{L} + \mathcal{D}$
	Student Signe	d // coffer Kay
	Signature of Student Embalmer	
		Licensed Embalmer No. 4182
		Elcensed Embanner No.
		P. O. Address V. C. /V/C.
		•
	Note: The above MUST BE SIGNED BY THE LICENSED EM	BALMER in his OWN HANDWRITING. (Failure to compl
	with the above constitutes grounds for revocation of license).	1 22
,	If embalmed by a STUDENT, he also shall sign in his OWN h	
	If this body is not embalmed, fact should be so stated above	00 7
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made to set with a single set	with the other thinks a think the thing it	with the site of
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